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APPLICANTS *MRE*
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** CONTINUING DATA ***** *MRE*
 This application is a CIP of 10/675,186 09/30/2003
 which claims benefit of 60/488,892 07/21/2003

** FOREIGN APPLICATIONS ***** *MRE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Margaret Whaley</i> Examiner's Signature Initials	STATE OR COUNTRY ME	SHEETS DRAWING 5	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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TITLE
 Sterilization tray assembly for medical instruments

FILING FEE RECEIVED 394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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